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Commentary by Harry Mitchell

Almost everyone agrees our current health care system is unsustainable. Yet most folks in Washington are more concerned with scoring political points for next year's election than delivering reforms we need.

Some on the left suggested we eliminate private insurance, and replace it with an all government-run system. Some on the right suggested we eliminate the employer-based system, and build a new one based on tax credits. I believe we need to keep what works and fix what doesn't.

H.R. 3962, the Affordable Health Care for America Act, is far from perfect. No bill ever is. I believe it contains significant improvements from the bill that was circulated over the summer, in no small part due to feedback from constituents across the country.

Doing nothing is the politically safe thing to do. But playing it safe is why big problems - like health care and immigration reform - haven't been tackled by Congress. That's why I voted to keep reform efforts moving forward. Doing nothing is not an option.

Over time, reform can slow rising costs and bring increased competition and choice to families faced with the quiet struggle to get by. Rapidly rising premiums hurt families - especially those with insurance. It's not fair for those with insurance to shoulder the burden of higher premiums to subsidize those who choose not to exercise personal responsibility and get treated at our emergency rooms without paying for the care they receive. The average family policy now exceeds \$13,000 a year and is likely to increase to \$24,000 a year over the next decade.

Small businesses, which account for 73 percent of Arizona's businesses and create as much as 64 percent of all new jobs, have it even worse. Since 2000, premiums have risen 130 percent, and are projected to rise another 15 percent next year.

Additionally, many who want insurance and are willing to pay for it are denied coverage because of pre-existing conditions. Too many families are one medical emergency away from raiding their 401K, going into foreclosure or declaring bankruptcy.

I opposed the public option that was in H.R. 3200, the draft bill circulated over the summer, because it was tied to Medicare reimbursement rates, which would undercut competition and negatively impact doctors and hospitals. H.R. 3962's version of a public alternative would use negotiated rates, the same method used between employers and private insurers.

While concerns over some issues remain, the bill contains no death panels, government takeovers or dismantling of the private insurance industry. It doesn't provide illegal immigrants with coverage nor does it weaken Medicare. As someone who is over 65 and depends on Medicare, I wouldn't have voted to move it forward if I did. In fact, the bill strengthens Medicare by immediately closing the prescription drug "donut hole" and has been endorsed by AARP.

The non-partisan Congressional Budget Office also projects that it would reduce federal budget deficits by \$109 billion from 2010 to 2019, with further reductions over the next decade.

I agree with Republican Sen. Olympia Snowe, who, in recently voting to move a Senate bill forward, said, "So is this bill all that I want? Far from it ... but when history calls, history calls. And I believe the consequences of inaction dictate the urgency of allowing for every opportunity to demonstrate capacity to solve this monumental issue."

I believe further improvements need to be made and the House needs to work with the Senate to get it done. But we can only make improvements if we move the ball forward. American lives are depending on it.

Congressman Harry Mitchell represents Ahwatukee Foothills and Congressional District 5. To see how health care reform affects you, visit: www.mitchell.house.gov.